STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES

REQUEST FOR PROPOSALS

Peer Operated Crisis Respite Program

January 7, 2013

Lynn A. Kovich, Assistant Commissioner
Division of Mental Health and Addiction Services

I. INTRODUCTION

The Division of Mental Health & Addiction Services (DMHAS) is announcing the availability of funds to provide for the operation and oversight of three (3) consumer-operated peer crisis respite programs within the state. The development of consumer-operated peer crisis respite programs throughout the state is an integral component of New Jersey's Wellness and Recovery Transformation Action Plan. The integration of consumer-operated peer crisis respite programs into our mental health system enhances the consumer's focus on the longer-term goals of recovery, mutual responsibility, and self-determination. Consumer-operated peer crisis respite programs also emphasize the importance of peer support and the need to develop effective and enduring support systems that are outside the scope of the medical model of service delivery.

Studies on the perceived benefits of peer-run support services have demonstrated that participation in these services yields improvement in psychiatric symptoms and decreased hospitalization; larger social support networks; and enhanced self-esteem and social-functioning (NASMHPD Report, 2003[i]). According to the President's New Freedom Commission Report issued in 2003, "Care must focus on increasing consumers' ability to successfully cope with life's challenges, on facilitating recovery, and on building resilience, not just on managing symptoms." The Report goes on to state that this system must be "built around consumers' needs," and that it must be "seamless and convenient." Therefore, proliferating peer-support services, such as consumer-operated peer crisis respite programs, is a true manifestation of a system that is predicated upon empowerment and recovery-based competencies.

The development of consumer-operated peer crisis respite programs in New Jersey is also in response to research that has demonstrated that these non-traditional models of peer support are proving to be a powerful approach to reducing unnecessary and unwanted hospitalizations (Fisher, 2008[ii]). Furthermore, many consumers who experience emotional distress are reluctant or unwilling to utilize traditional crisis services as they frequently lead to the inappropriate use of more restrictive settings, including involuntary admissions. In addition, there is a cohort of consumers who either do not have access, or prefer not to interact on a face-to-face basis with the mental health system. Crisis alternatives, such as consumer-operated peer crisis respite programs, are run by and for people in recovery from mental illness, which creates a mutually beneficial and compassionate option for individuals to escape social isolation, access non-judgmental support, and explore new, more appropriate, cost-effective solutions for coping with anxiety, depression, losses and other forms of human suffering. Frequently, those who take advantage of consumer-operated peer crisis respite program services find that the experience empowers them to regain control over whatever aspects of their lives which they may have lost.

II. BACKGROUND

Consumer-operated peer crisis respite programs provide a unique form of help referred to as "peer support." Peer support has been defined in the literature as "…social,

emotional support, frequently coupled with instrumental support that is mutually offered or provided by persons having a mental health condition to others sharing a similar mental health condition to bring about a desired social or personal change" (Gartner & Reissman, 1982[iii]). Mead, Hilton and Curtis (2001)[iv] have further elaborated that peer support is "a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is "helpful".

Peer support is an emerging model impacting crisis services for persons with serious mental illness. Peer communities have consistently demonstrated that by redefining the experience of one's pain and isolation through mutual support, empathy, and a shared sense of trust, the relationships that are created empower individuals to take back control over their own lives and break old, less constructive behavior patterns that frequently lead to the more restrictive use of emergency based services. Within the peer support relationship, neither individual is the expert; therefore the connection takes the form of an interactive "conversation" as opposed to a clinical assessment or other type of clinical intervention in which power is displaced and trust is eroded.

According to experts, there is a national movement to integrate peer specialists into our traditional delivery system. "Clearly this role has been beneficial in acknowledging the expertise of lived experience. It has also offered recipients a forum to speak about their experiences differently, be exposed to strong role models, and develop new skills and strategies to help them heal and recover. Peer services, if done well, can provide hope, role modeling, and simple, safe strategies for recovery." (Mead, McNeal[v])

The development of consumer-operated peer crisis respite programs is consistent with the DMHAS' Wellness and Recovery Transformation Action Plan (January 1, 2008-December 31, 2010[vi]). One of the overarching objectives of this Plan is the expansion and enhancement of peer-delivered services as a vital part of New Jersey's overall continuum of care. According to the Transformation Action Plan, "A recovery oriented system recognizes the potential inherent in all consumers. It values and seeks to build upon individuals' strengths. The system ensures access to effective and timely treatment, rehabilitation, crisis intervention, on-going peer and other natural support services that promote meaningful lives, the attainment of valued roles, and true empowerment. A recovery-oriented system offers hope, is culturally competent, accountable, and is sagacious in its use of resources. Consumers experience transformation on a personal level and take personal responsibility for their lives." The Plan goes on to state that "Services promote growth competence and resiliency. Services and systems are integrated. And lastly, resources are efficient and cost-effective; resources must also yield observable results for consumers and their families."[vii]

A significant difference between peer support and the traditional model of service delivery is the approach to helping behaviors. According to Sherry Mead, peer support is not about illness or symptoms or treatment. Peers do not look at one another through the limitations of the illness; but rather view one another's experiences, values, knowledge and ideas as rich and precious. Conversations are about what people want to move towards in their lives and what actions and beliefs are necessary to get there, rather than what is not working or what people want to move away from. Peer relationships provide people with a valuable tool "to explore where they may have gotten

stuck in certain interpersonal patterns." Sherry Mead purports that this requires tolerating some discomfort and trying new ways of thinking. It also presents the advantage of creating a unique type of deeply intense dialogue whereby each individual comes to experience things in ways that neither person would have come to alone. That is why peer support is not about listening to someone else's problems and trying to solve them for him/her; instead, it's about making a commitment to the process, being patient, and moving out of what is comfortable and familiar, in order to become open to possibilities otherwise unknown. Finally, another important aspect of peer support is understanding one's "worldview." Our personal truth is based on a lifetime of experiences and relationships. It is only when we turn to one another and open ourselves up to discover how our perceptions are shaped and how we can develop and learn to think differently about them, do we achieve a better result . By using peer support as a tool, people are able to acquire new knowledge about themselves and others, and develop new possibilities for hope and healing and health that would otherwise not have been achievable. (Mead, 2005/2007[viii])

III. PURPOSE OF REQUEST

This current Request for Proposals (RFP) focuses on creating access to community based, recovery oriented, peer-operated crisis respite programs that can provide viable treatment options for consumers in psychiatric crisis, who may be apt to use hospital emergency departments and in-patient psychiatric hospitalization. DMHAS anticipates creating three (3) separate five bed programs as part of this initiative. Peer operated crisis respite services are intended to provide an intensive diversionary program that is a specific alternative to hospital emergency department based services and in-patient psychiatric hospitalization.

The Peer Operated Crisis Respite service package will include, at a minimum:

- Respite residential services for consumers who are experiencing exacerbation of symptoms, severe emotional stress or are in psychiatric crises. These services must be offered in an environment that is safe, clean, home-like and conducive to the recovery process. Each consumer must also be afforded private accommodations.
- 24/7 access to trained consumer-provider staff, who can provide intensive supports, including engagement, education, identification of strengths, collaborative problem solving and individualized recovery planning.
- Peer Coaching
- Medication Prescription, Administration and Education.
- Group based services/supports.
- Information on Wellness Recovery Action Planning (WRAP) and assistance with development of a WRAP.
- Information on Psychiatric Advance Directive (PAD) and provide assistance as needed.
- Access to educational and recreational materials.
- Opportunities to engage in self-directed learning activities and social activities.
- Opportunities to develop responsibility, by positively contributing to the respite program's operations.

- Referrals and linkages to community services that relate to consumers' needs in the domains of housing, primary healthcare, education, employment, spirituality and financial literacy.

In order to produce a program that fully embodies the principles of wellness and recovery that are referenced above, at least half of the program's staff and volunteers must be peers. The program must also have the capability of permitting access to staff with pharmacologic prescriptive authority, as it is anticipated that many service recipients will have needs related to pharmacology.

Successful applicants must indicate how their proposed project will:

a. Describe a well-defined, viable, plan to provide the training, consultation and technical assistance to support the operations of consumer-operated peer crisis respite programs. ***Please describe how your planning process will incorporate the local self-help entities.***
b. Describe a well-defined, viable plan to provide access to consumer-operated peer crisis respite program services within the state, and marketing and outreach of consumer-operated peer crisis respite program services.
c. Describe the role that you envision for local self-help center involvement in the design, operation and staffing of the consumer-operated peer crisis respite program services.
d. Describe how you intend to recruit and support a peer crisis respite program volunteer workforce.
e. Provide "competency-based and values-driven supervision and support" as described by Dori Hutchinson, Sci.D., to facilitate the operation of consumer-operated peer crisis respite program services across the state.
f. Specify how the operation of the consumer-operated peer crisis respite program services, through its policies, procedures, language and behavior will promote the "personhood and potential growth of people with psychiatric illnesses."
g. Provide ongoing training, as well as support and supervision to successfully implement a consumer-operated peer crisis respite program as outlined in the Background Section of RFP.
h. Participate in regular meetings with the DMHAS to discuss the systemic impact of the consumer-operated peer crisis respite program services on the mental health consumer population served within the local geographical areas identified.
i. Deliver consumer-operated peer crisis respite program services in safe, accessible, positive physical environments with a strong connection to the local community.
j. Provide opportunities for peer-based services and natural supports in a safe, comfortable and accepting environment that is conducive to wellness and recovery.
k. Strengthen leadership of the mental health self-help consumer movement within the local community to support the integration of consumer-operated peer crisis respite programs into the service delivery system.
l. Enhance consumer participants' sense of competency, independence, self-worth and a regained sense of control over one's life by measurable and specific means.
m. Dramatically improve the quality of life of mental health consumers living in underserved areas of the state by offering a preferred model of service delivery.
n. Reduce over-reliance on costly traditional mental health services.

The Division will be considering percent of contracting capacity met in the last two years when making funding decisions. If an agency has not performed consistently at above 90% contracted capacity in each of its contracted levels of service over the last two years, please explain.

IV. SERVICE OUTCOME REQUIREMENTS

The Peer Operated Crisis Respite programs must demonstrate the capacity to:

- Provide recovery-oriented crisis respite services to individuals with acute psychiatric symptoms, inclusive of those who have co-occurring needs related to substance use that will operate at high levels of occupancy once implemented.

- Provide services and interventions that will promote recovery, community tenure and enhance the quality of life of service users and their families.

- Decrease service users' utilization of local hospital emergency services and in-patient psychiatric hospitalization.

V. POPULATION TO BE SERVED

The population, to be served by this program, is adults, who:

- Are 21 years of age or older;
- Have a diagnosable mental illness;
- Are experiencing acute psychiatric symptoms that could interfere with community tenure;
- Are totally voluntary; and
- Have the capacity to conduct oneself in a responsible, respectful manner.

Please note that the DMHAS seeks to make awards to those applicants whose inclusionary admissions policies create broad access for adults with mental illness, including those with co-occurring needs related to substance use.

VI. SERVICE DEVELOPMENT AREAS AND FUNDING AVAILABILITY

DMHAS has a total of $2,000,000 available annually to support this initiative. The DMHAS anticipates making three (3) separate awards for five bed programs that are strategically placed throughout New Jersey. DMHAS intends to select programs that give wide representation to diverse areas of the state, both demographically and geographically.

VII. APPLICANT QUALIFICATIONS

In order to be eligible for consideration for funding under this RFP, applicants must meet the following qualifications:

1. The applicant must be a fiscally viable for-profit organization, non-profit organization or governmental entity and document demonstrable experience in successfully providing

mental health services and supports to adults who have severe and persistent mental illness in a manner fully consonant with wellness and recovery principles.

2. The applicant must be duly registered to conduct business in the State of New Jersey.

3. The applicant must demonstrate experience and success in providing services to the population of service recipients described in this RFP.

4. The applicant must currently meet, or be able to meet, the terms and conditions of the Department of Human Services' contracting rules and regulations as set forth in the Standard Language Document, the Contract Reimbursement Manual (CRM), and the Contract Policy and Information Manual (CPIM).

5. Non-public applicants must demonstrate that they are incorporated through the New Jersey Department of State and provide documentation of their current non-profit status under Federal IRS 501 (c) (3) regulations, as applicable.

6. The applicant must be capable of meeting the licensure requirements for Community Residences for Mentally Ill Adults at N.J.A.C 10:37A.

VIII. CLUSTERING, INCENTIVES AND FISCAL CONSEQUENCES RELATED TO PERFORMANCE

Programs awarded pursuant to this RFP will be separately clustered until such time as the DMHAS determines, in its sole discretion, that the program is stable in terms of service provision, expenditures and applicable revenue generation.

Contract commitments will be negotiated based upon representations made in response to this RFP. Failure to deliver contract commitments may result in a reduction of compensation or contract termination.

IX. REQUIREMENTS FOR PROPOSALS

Proposals will be evaluated based on the elements indicated below. The proposal must not exceed 25 pages (not inclusive of appendices and required attachments.) All proposals must include responses that clearly correspond to each category as delineated by the lettered bullets in this section.

All responses must include the following content:

A. A brief overview of the applicant’s organizational history, inclusive of specific discussion related to experience with programs that utilize consumer-provider staff.

B. A comprehensive description of the total service package that will be offered per the requirements and service objectives referenced above. Detail related to the proposed program’s residential, clinical and supportive components must be included. The applicant must include in the description of residential services the

plan for providing meals for the full duration of each consumer's episode of receiving respite services.

C. Detail the staffing strategy and the staffing pattern to provide 24/7 on-site crisis respite services. Specify the number (FTE's), role, qualifications and the skills of all staff. Staff qualifications must minimally meet the residential regulatory requirements identified in the Staffing Requirements section at N.J.A.C.10:37A-5.1. Job descriptions for each position must be included as an appendix. A table of organization including program staff, administration, and support staff must be included in the application.

D. Identify the location of the program and the rationale for its placement. This rationale should include, but not be limited to, a description of the utilization of acute care services in the proposed geographic region of service and how the proposed program will have a positive impact in this regard.

E. Describe the provider's vision of the crisis respite service space. The applicant must confirm that each person receiving crisis respite services will have her/his own bedroom. Describe how the space will be delineated in a way that the individuals who are receiving services have a quiet space available if needed/wanted that is away from areas where others will be dropping in for ongoing support.

F. Describe how the proposed program will be integrated within the continuum of mental health and social services that are available in the geographic area. Particular attention to defined collaborative relationships with entities serving consumers with emergent and acute needs is required. This description should include, but not be limited to, a description of existing or planned relationships and/or affiliation agreements with the Self-Help Center(s), Designated Screening Service, Early Intervention and Support Service (if applicable) and Intensive Outpatient Treatment and Support Service (if applicable) in the proposed geographic region of service.

G. A description of the admissions process, including: 1) Timeframes from referral to admission, and 2) The use of exclusionary admissions criteria.

H. Discharge and Termination criteria, including a description of all discharge and termination procedures. Detail with regard to managing the service recipients' length of stay in a way that optimizes ongoing access to referrals is required.

I. Include a full written description of the proposed evaluative processes that will be used to evaluate the effectiveness of the program. Identify the specific consumer outcomes that the proposed program will produce, including sufficient details on all data collection and data management activities. Outcomes related to consumer satisfaction are acceptable, but not solely sufficient.

J. A specific, time-framed plan for phase in and full implementation of program operations. Please note that programs are required to be fully operational no later than six months from the time of final award notification.

K. A description of the management and supervision methods that will be used.

L. Discuss how the proposed service will provide services that are culturally competent.

M. Discuss how the proposed service will provide services that are consistent with the tenets of trauma informed care.

N. A completed annualized Annex A for Residential Services showing service commitments for a full year, assuming the program is fully implemented.

O. Key person data: Name and credentials of individual(s) directly responsible (if known at application) for assuring the achievement of the required outcomes.

P. The staff training plan specifically as it relates to the provision of program services.

Q. Required Respondent Assurances:

Express a written assurance that if your organization is funded pursuant to this RFP:

1. You will pursue all available sources of revenue and support upon award and in future contracts including your agreement to obtain approval as a Medicaid-eligible provider. Failure to obtain approval and maintain certification may result in termination of the service contract.
2. The organization will provide a statement certifying that the proposed service, if awarded, will increase the level of service currently provided by the organization and that the award will not fund or replace existing services.
3. The organization will separately track revenue, expenses and services applicable to the award and will not co-mingle revenue, expenses or service data with existing programs.

X. BUDGET REQUIREMENTS

Provide detailed budget information employing the Annex B categories for expenses and revenues, utilizing the excel template which will be distributed via e-mail after the mandatory bidders conference. The template contains three clearly labeled separate areas; one to show full annualized operating costs and revenues, one to show one-time costs, and one to show the phase-in operating costs and revenues related to your proposed start-up date through the point in time at which services are fully operational.

E-mail the completed file as an excel document to Elaine Welsh at Elaine.Welsh@dhs.state.nj.us with a copy to Susanne Rainier at Susanne.Rainier@dhs.state.nj.us Include a hard copy of the budget with the hard copy submission.

All budget data, if approved and included in signed contracts, will be subject to the provisions of the DHS *Contract Policy & Information Manual*, and the DHS *Contract Reimbursement Manual.* These Manuals can be accessed from the Office of Contract Policy and Management (OCPM) webpage at:

http://www.state.nj.us/humanservices/ocpm/home/resources/manuals/index.html

Budget notes are required to help explain costs and assumptions made regarding certain non-salary expenses and the calculations behind various revenue estimates. Applicants must provide a detailed schedule supporting their calculations for each type of contemplated revenue. Narrative budget notes, detailing assumptions behind proposed costs and revenues must be included in the applicant's response. Please note that reviewers will need to fully understand the budget projections from the information presented, and failure to provide adequate narrative information could result in lower ranking of the proposal. Incorporate notes, to the maximum extent possible, right on the budget file.

For personnel line items, staff names should not be included, but the staff position titles and hours per work week and credentials are needed.

Staff Fringe Benefit expenses may be presented as a percentage factor of total salary costs, and should be consistent with your organization's current Fringe Benefits percentage.

Provide the number of hours associated with each line of any clinical consultants so that cost/hour may be considered by evaluators.

If applicable, General and Administrative (G & A) expenses, otherwise known as indirect or overhead costs, should be included if attributable and allocable to the proposed program. Because administrative costs for existing DMHAS programs reallocated to a new program do not require new DMHAS resources, currently contracted providers should limit your G & A expense projection to "new" G & A only by showing the full amount as an expense and the offsetting savings in other programs in the revenue section.

The information listed below is REQUIRED FOR PROVIDERS NOT ALREADY UNDER CONTRACT WITH DMHAS.

A. A copy of the applicant's code of ethics and/or conflict of interest policy;

B. A copy of the applicant's most recent organization-wide audited financial statements;

C. A copy of the applicant's certification of incorporation;

D. A copy of the applicant's charitable registration status (if applicable);

E. A list of the board of directors, officers and their terms of office;

F. A list of those persons responsible and authorized within the organization to approve and certify binding documents, reports and financial information;

G. A list of the name(s) and address(es) of those entities providing support and/or money to help fund the program for which the proposal is being made;

H. A statement of assurance that all Federal and State laws and regulations are being followed. (Signed and dated)(Attachment B);

I. The Certification regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions (Signed and dated) (Attachment C);

J. N.J.S.A. 52:34-13.2 Source Disclosure Certification (formerly Executive Order 129) (Signed & dated); and

K. Public Law 2005, Chapters 51 and 271 Compliance forms (formerly Executive Order 134) and Executive Order 117 (signed and dated) only for For-Profit organizations.

XI. MANDATORY BIDDERS CONFERENCE

All applicants intending to submit a proposal in response to this RFP must attend a mandatory Bidders' Conference. Proposals submitted by an applicant not in attendance will not be evaluated or considered. Applicants can pre-register for the Bidder's Conference by contacting Diane Sharley at 609-777-0717 or Diane.Sharley@dhs.state.nj.us

Date: January 17, 2013
Time: 1:00 PM – 3:00 PM
Location: 222 S. Warren St.
Third Floor
Trenton, NJ 08625

XII. SUBMISSION INSTRUCTIONS

Respondents must submit proposals electronically in PDF format by no later than 4 p.m. February 15, 2013 to Roger Borichewski, Assistant Director for the Office of Prevention, Early Intervention and Community Services, Division of Mental Health and Addiction Services, at roger.borichewski@dhs.state.nj.us. Additionally, one copy of the proposal with an original signature and six additional hardcopies must be submitted to the attention of Roger Borichewski no later than 4:00 pm, February 15, 2013, at the following address:

Division of Mental Health and Addiction Services

222 S. Warren Street, PO BOX 727

Trenton, NJ 08625

Please note that no format other than the PDF and one original signed hardcopy and six additional hardcopies will be accepted for this RFP. Proposals submitted after this time will not be accepted.

In addition, please submit four hard copies and a PDF version (electronically) of your proposal to the Mental Health Administrator(s) in the Count(y)ies in which you propose to

develop the service. Please refer to the following web link regarding contact information for the respective Mental Health Administrators:

http://www.state.nj.us/humanservices/dmhs/services/admin/

XIII. REVIEW OF PROPOSALS AND NOTIFICATION OF DECISIONS

DMHAS will convene an RFP review committee to review and score all timely submitted proposals in response to the current RFP. This review committee will consist of State of NJ employees, including staff from the DMHAS Regional Offices and DMHAS Central Office. Recommendations from the County Mental Health Boards will be requested and carefully considered in the award determination process. Recommendations from the County Mental Health Boards should be submitted by no later than March 8, 2013 to ensure they are an integral part of the proposal evaluation process. Recommendations are to be submitted to Roger Borichewski, Assistant Director for the Office of Prevention, Early Intervention and Community Services, Division of Mental Health and Addiction Services at the email or mailing address listed in Section XII of this RFP.

DMHAS recognizes the invaluable perspectives and knowledge that consumers and family members possess regarding mental health services. Input from consumers and family members are an integral component of a system that holds Wellness and Recovery principles at its core. Consequently, the Division will convene an advisory group consisting of consumers and families. The consumer and family advisory group will meet with members of the RFP review committee, providing their input regarding each of the proposals submitted.

The DMHAS reserves the right to reject any and all proposals when circumstances indicate that it is its best interest to do so. The DMHAS will notify all applicants of preliminary award decisions no later than March 22, 2013.

XIV. APPEAL OF AWARD DECISIONS

Appeals of any award determinations may be made only by the respondents to this proposal. All appeals must be made in writing and must be received by the DMHAS at the address below no later than March 29, 2013. The written request must clearly set forth the basis for the appeal.

Appeal correspondence should be addressed to:

Lynn Kovich, Assistant Commissioner
Division of Mental Health and Addiction Services
222 S. Warren St., PO Box 727
Trenton, NJ 08625

Please note that all costs incurred in connection with any appeals of DMHAS decisions are considered unallowable costs for purposes of DMHAS contract funding.

DMHAS will review any appeals and render final funding decisions by April 5, 2013. Awards will not be considered final until all timely appeals have been reviewed and final decisions rendered.

ATTACHMENT A

_____
Date Received

STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES

_____ _____
Dept/Component (Name of proposal)

Cover Sheet

Proposal Summary Information

Incorporated Name of Applicant: _____
Type: _____
Public _____ Profit _____ Non-Profit _____ Hospital-Based _____
Federal ID Number: _____ Charities Reg. Number _____
Address of Applicant: _____
_____

Address of Service(s): _____
_____

Contact Person: _____ Phone No.: _____
Total dollar amount requested: _____ Fiscal Year End: _____
Total Match Required: _____ Match Secured: Yes _____ No _____
Funding Period: From _____ to _____
Services: _____
(For which funding is requested)
Total number of unduplicated clients to be served: _____
Brief description of services by program name and level of service to be provided*:
_____
_____
_____

Authorization: Chief Executive Officer: _____
(Please print)

Signature: _____ Date: _____

*NOTE: If funding request is more than one service, complete a separate description for each service. Identify the number of units to be provided for each service as well as the unit description (hours, days, etc.) If the contract will be based on a rate, please describe how the rate was established.

STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES

ADDENDUM TO REQUEST FOR PROPOSAL FOR SOCIAL SERVICE AND TRAINING CONTRACTS

Executive Order No. 189 establishes the expected standard of responsibility for all parties that enter into a contract with the State of New Jersey. All such parties must meet a standard of responsibility which assures the State and its citizens that such parties will compete and perform honestly in their dealings with the State and avoid conflicts of interest.

As used in this document "provider agency" or "provider" means any person, firm, corporation, or other entity or representative or employee thereof which offers or proposes to provide goods or services to or performs any contract for the Department of Human Services.

In compliance with Paragraph 3 of Executive Order No. 189, no provider agency shall pay, offer to pay, or agree to pay, either directly or indirectly, any fee, commission, compensation, gift, gratuity, or other thing of value of any kind to any State officer or employee or special State officer or employee, as defined by N.J.S.A. 52:13D-13b and e, in the Department of the Treasury or any other agency with which such provider agency transacts or offers or proposes to transact business, or to any member of the immediate family, as defined by N.J.S.A. 52:13D-13i, of any such officer or employee, or any partnership, firm, or corporation with which they are employed or associated, or in which such officer or employee has an interest within the meaning of N.J.S.A. 52:13D-13g.

The solicitation of any fee, commission, compensation, gift, gratuity or other thing of value by any State officer or employee or special State officer or employee from any provider agency shall be reported in writing forthwith by the provider agency to the Attorney General and the Executive Commission on Ethical Standards.

No provider agency may, directly or indirectly, undertake any private business, commercial or entrepreneurial relationship with, whether or not pursuant to employment, contract or other agreement, express or implied, or sell any interest in such provider agency to, any State officer or employee or special State officer or employee having any duties or responsibilities in connection with the purchase, acquisition or sale of any property or services by or to any State agency or any instrumentality thereof, or with any person, firm or entity with which he is employed or associated or in which he has an interest within the meaning of N.J.S.A. 52:13D-13g. Any relationships subject to this provision shall be reported in writing forthwith to the Executive Commission on Ethical Standards, which may grant a waiver of this restriction upon application of the State officer or employee or special State officer or employee upon a finding that the present or proposed relationship does not present the potential, actuality or appearance of a conflict of interest.

No provider agency shall influence, or attempt to influence or cause to be influenced, any State officer or employee or special State officer or employee in his official capacity in any manner which might tend to impair the objectivity or independence of judgment of said officer or employee.

No provider agency shall cause or influence, or attempt to cause or influence, any State officer or employee or special State officer or employee to use, or attempt to use, his official position to secure unwarranted privileges or advantages for the provider agency or any other person.

The provisions cited above shall not be construed to prohibit a State officer or employee or special State officer or employee from receiving gifts from or contracting with provider agencies under the same terms and conditions as are offered or made available to members of the general public subject to any guidelines the Executive Commission on Ethical Standards may promulgate.

Attachment B

DEPARTMENT OF HUMAN SERVICES
STATEMENT OF ASSURANCES

As the duly authorized Chief Executive Officer/Administrator, I am aware that submission to the Department of Human Services of the accompanying application constitutes the creation of a public document and as such may be made available upon request at the completion of the RFP process. This may include the application, budget, and list of applicants (bidder's list). In addition, I certify that the applicant:

- Has legal authority to apply for the funds made available under the requirements of the RFP, and has the institutional, managerial and financial capacity (including funds sufficient to pay the non Federal/State share of project costs, as appropriate) to ensure proper planning, management and completion of the project described in this application.

- Will give the New Jersey Department of Human Services, or its authorized representatives, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with Generally Accepted Accounting Principles (GAAP). Will give proper notice to the independent auditor that DHS will rely upon the fiscal year end audit report to demonstrate compliance with the terms of the contract.

- Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. This means that the applicant did not have any involvement in the preparation of the RFP, including development of specifications, requirements, statement of works, or the evaluation of the RFP applications/bids.

- Will comply with all federal and State statutes and regulations relating to non-discrimination. These include but are not limited to: 1) Title VI of the Civil Rights Act of 1964 (P.L. 88-352;34 CFR Part 100) which prohibits discrimination on the basis of race, color or national origin; 2) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794; 34 CFR Part 104), which prohibits discrimination on the basis of handicaps and the Americans with Disabilities Act (ADA), 42 U.S.C. 12101 et. seq.; 3) Age Discrimination Act of 1975, as amended (42 U.S.C. 6101 et. seq.; 45 CFR part 90), which prohibits discrimination on the basis of age; 4) P.L. 2975, Chapter 127, of the State of New Jersey (N.J.S.A. 10:5-31 et. seq.) and associated executive orders pertaining to affirmative action and non-discrimination on public contracts; 5) Federal Equal Employment Opportunities Act; and 6) Affirmative Action Requirements of PL 1975 c. 127 (NJAC 17:27).

- Will comply with all applicable federal and State laws and regulations.

- Will comply with the Davis-Bacon Act, 40 U.S.C. 276a-276a-5 (29 CFR 5.5) and the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.27 et. seq. and all regulations pertaining thereto.

- Is in compliance, for all contracts in excess of $100,000, with the Byrd Anti-Lobbying amendment, incorporated at Title 31 U.S.C. 1352. This certification extends to all lower tier subcontracts as well.

- Has included a statement of explanation regarding any and all involvement in any litigation, criminal or civil.

- Has signed the certification in compliance with federal Executive Orders 12549 and 12689 and State Executive Order 34 and is not presently debarred, proposed for debarment, declared ineligible, or voluntarily excluded. Will have on file signed certifications for all subcontracted funds.

- Understands that this provider agency is an independent, private employer with all the rights and obligations of such, and is not a political subdivision of the Department of Human Services.

- Understands that unresolved monies owed the Department and/or the State of New Jersey may preclude the receipt of this award.

_____	_____
Applicant Organization	Signature: Chief Executive Officer or Equivalent
_____	_____
Date	Typed Name and Title

6/97

Attachment C

READ THE ATTACHED INSTRUCTIONS BEFORE SIGNING THIS CERTIFICATION. THE INSTRUCTIONS ARE AN INTEGRAL PART OF THE CERTIFICATION.

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION
LOWER TIER COVERED TRANSACTIONS

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by an Federal department or agency.

2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

_____
Name and Title of Authorized Representative

_____
Signature Date

This certification is required by the regulations implementing Executive order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.

2. The certification in this clause is a material representation of facts upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.

4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.

5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled “Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction,” without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to,

check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

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[i] Campbell, Jean-Ph.D.; Leaver, Judy, National Association of State Mental Health Program Directors, Emerging New Practices in Organized Peer Support Report, "Emerging New Practices in Organized Peer Support", 2003, p. 17

[ii] Fisher, Daniel-M.D., National Empowerment Center Articles, "Warm Lines: An alternative to Hospitalization", 2008

[iii] Gartner, A. & Reissman, F. 1982 - "Self-Help and Mental Health", Hospital & Community Psychiatry, 33, 631-635.

[iv] Mead, S., Hilton, D., and Curtis, L. (2001) - "Peer Support: A Theatrical Perspective", Psychiatric Rehabilitation Journal, 25, 134-141 (p. 135).

[v] Mead, S., McNeal, C., Ph.D. - "Peer Support" What Makes it Unique?", 2004

[vi] January 1, 2008-December 31, 2010 - "Wellness and Recovery Transformation Action Plan."

[vii] ." The Plan goes on to state that "Services promote growth competence and resiliency. Services and systems are integrated. And lastly, resources are efficient and cost-effective; resources must also yield observable results for consumers and their families." - "Wellness and Recovery Transformation Action Plan."

[viii] Mead, S. - "Intentional Peer Support An Alternative Approach", 2005/2007